PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

TOTAL CLAIMS	(Column 1)		(Column 2)
FOR			
	NUMBER FILED		NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13	minus 20=	*
INDEPENDENT CLAIMS	3	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐   OR   **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE		OR BASIC FEE		860
XS 9=		OR	XS18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR TOTAL		860

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY   OR   **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

09/830540

TO: OFFICE OF FINANCE
CRYSTAL PLAZA 2

SERIAL NUMBER: _____

FROM: PCT INTERNATIONAL DIVISION DO/EO
CRYSTAL PLAZA 2

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM   TO

FEE CODE	AMOUNT	FEE CODE	AMOUNT
960	1000 00	970	860

OTHER:

THE ORIGINAL METHOD OF PAYMENT WAS:

_____   BY A CHECK

___X____   BY A CHARGE TO DEPOSIT ACCOUNT   19-4675

DO/EO FEE CORRECTION ACCOUNT NO